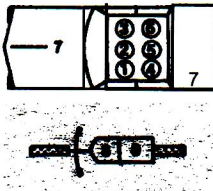



OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2015-14258		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 08 16 2015		DAY Sunday		TIME: MILITARY 1950	
CRASH OCCURRED ON Bellflower Apt. Parking lot - 1065 E. Main St.						WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					
MILES FEET W S E OF						CITY CODE					
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. /		NO OF OCCUPANTS /		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Geico			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Caudill, Lona L						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1065 E. Main St. Apt. 53 Lebanon, OH 45036					
PHONE NO. 937-733-6964		BIRTH DATE 12 16 71		AGE 43 SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RP771036	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS					
VEH YR 2006		MAKE Chrysler		MODEL Town & Country		COLOR Grey		STYLE SW		STATE OH	
LICENSE PLATE NO. GHE5082		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO.		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.		BIRTHDATE		AGE SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS					
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE	
LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
		ADDRESS		PHONE		SEX		A 1 B C D E F		A 5 B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS		PHONE		SEX				CONDITION	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE				A 1 B C D E F	
		ADDRESS		PHONE		SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		P-PEDESTRIAN		RESTRAINTS	
		ADDRESS		PHONE		SEX		A 8 B C D E F		ALCOHOL	
A B C		INJURED TAKEN TO		By				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A 1 B C D E F	
D E F		INJURED TAKEN TO		By						1 YES 2 NO 3 TESTED 4 YES 5 NO 6 TESTED	
A B C		OFFENSE CHARGED AND DESCRIPTION						EJECTION		DRUGS	
D E F		OFFENSE CHARGED AND DESCRIPTION						A 1 B C D E F		A 1 B C D E F	
A B C		RECEIVED CALL 1950		DISPATCHED 1950		ARRIVED 1958		CLEARED 2006		OTHER TIME	
D E F		DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY	
A B C		M 8 16 15		YES NO		Sgt. Weithofer		104			
D E F											

LOCAL REPORT NO.	DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER <div style="float: right; width: 80%;">Unit 01's operator was attempting to park the vehicle in a parking spot at Bellflower Apartments. The operator accidentally pushed the accelerator instead of the brake when entering the parking spot. Unit 01 then went over the parking block and hit the side of building 11. There was significant damage to electric meters on the side of building 11.</div>

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER	ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER	LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER	ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	OCCURRENCE 1 ON ROADWAY 2 OFF LEFT SIDE 3 OFF RIGHT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY	SPECIAL AREA 1 ROAD CONSTRUCTION MAINTENANCE AREA 2 SCHOOL ZONE	FIRST HARMFUL EVENT TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING 5 SIDESWIPE PASSING 6 ANGLE ONE MV IN TRANSPORT (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLIS LOCATION 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 RAILROAD CROSSING 5 BRIDGE-PASSING OVER 6 BRIDGE-PASSING UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY RAMP LETTER CODE	SHOW NORTH WITH ARROW 
TYPE OF UNIT		PRE-CRASH ACTIONS		CONTRIBUTING FACTOR -			
CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 MC UP TO 350CC 13 MC351CC TO 750CC 14 MC OVER 751CC 15 MOTORIZED BICYCLE Bus 16 SCHOOL 17 CHURCH 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAIN 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/ RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS P = PEDESTRIAN		DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER		DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD 17 REASON UNKNOWN 17 OTHER DRIVER ERROR NON-DRIVER FACTOR 18 VEHICLE DEFECTS 19 LOAD SHIFTING 20 FALLING SPILLING 21 SHOULDER DEFECT 22 DEBRIS ON ROAD 23 DOWNED TRAFFIC SIGN/DEVICE 24 VISION OBSTRUCTION 25 ANIMAL ACTIONS 26 PEDESTRIAN ACTIONS			
SPEED		MC HELMET USE		VEHICLE DEFECTS			
UNIT EST. LEGAL A B A B		UNIT DRIVER PASS A B A B		CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY A B SECONDARY A B 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS			
PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE MICROFILMED		I NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET		DRIVER 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER PEDESTRIAN 14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DON'T WALK DEVICE			
		TRAFFIC CONTROL A B FIXED OBJECT STRUCK A B TRUCK LOAD A B TRUCK AXLES A B TRACTOR-TRAILER RIGS					